

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.

Director

ROBIN KAY, Ph.D.

Chief Deputy Director

RODERICK SHANER, M.D.

Medical Director



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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601

Fax: (213) 386-1297

June 13, 2012

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director

SUBJECT: **TERMINATION OF MENTAL HEALTH SERVICES AGREEMENT WITH
JUDITTE ERKI, M.D.**

This is to advise your Board of the termination of the Mental Health Services Agreement – Medi-Cal Professional Services (No. MH29064) between Juditte Erki, M.D., and the County of Los Angeles Department of Mental Health, effective June 8, 2012, pursuant to Paragraph 2B (1) of the Agreement, at the written request of the Contractor, dated May 8, 2012.

The Board approved the Agreement format identified on June 2, 2009, Agenda Item Number 23, in regards to the renewal of Mental Health Services Agreement – Medi-Cal Professional Services.

If you have any questions or concerns regarding this termination, please contact me, or your staff may contact Richard Kushi, Chief, Contracts Development and Administration Division, at (213) 738-4684.

MJS:RK:SK:ek

Enclosure

c: Executive Officer, Board of Supervisors
Chief Executive Officer
County Counsel
Robin Kay, Ph.D.
Roderick Shaner, M.D.
Richard Kushi
Mike Motodani
Pansy Washington

"To Enrich Lives Through Effective And Caring Service"

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550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: FFS2@dmh.lacounty.gov
Fax: (213) 351-2024

May 2, 2012

Dear Fee-For-Service (FFS) Network Provider:


INTENT TO CONTINUE AS A MEDICAL FFS NETWORK PROVIDER

As you are aware, Federal, State and County regulations require that by 2014, all administrative and financial health care transactions are to be exchanged electronically. The Department of Mental Health, Managed Care Division is willing to assist you during this transition period. It is imperative for you to inform us of your intent to continue to participate in the Fee-For-Service Provider Network.

Our Integrated System indicates that you did not submit any claims for providing mental health services since July 1, 2010. We must hear from you or your office by May 17, 2012 of your intent.

You can respond to this letter by email to FFS2@dmh.lacounty.gov, fax to (213) 351-2024 or by mail to Department of Mental Health at 550 S. Vermont Avenue, Room 704, Los Angeles, CA 90020 with attention to Becky Pang. If you have any questions, please contact Provider Relations Unit at (213) 738-3311.

Sincerely,


Pansy Washington,
Chief, Managed Care Division

PW:bp

MOU 1.1 4/2/2010 OCT 6 2011

☐ I intend to continue as a FFS Network provider

☒ I intend to discontinue as a FFS Network provider

JUDITH ERIK

Judith Erik

5-8-12

Name of Provider

Signature

Date

Return by May 17, 2012

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